



**Suffolk County Department of Social Services
FCSA Child Care Bureau**

School / Vocational Training Verification Form

*(Must be completed by a School Official if your reason for needing
child care is to attend school/vocational training)*

Case Name: _____ Case #: _____

Student's Name: _____

Student's Soc. Sec. #: _____

Name of School: _____

Name of Person Completing this Form: _____ Phone: _____

Type of Program / Major: _____

Semester Start Date: _____ End Date: _____

Days Attending: _____ Hours Attending: _____

Courses: _____

Is student in good standing (e.g. satisfactory attendance, passing grades, making progress towards completion)?

Yes ____ No ____ If No, explain: _____

Expected Completion (Graduation) Date: _____

Type of Degree: _____ High School Diploma
_____ GED / ESL
_____ Certificate
_____ Associate
_____ Bachelor's
_____ Other, specify: _____

Please attach a copy of the student's class schedule including the days and hours attended and return this form to:

Suffolk County Department of Social Services
FCSA Child Care Unit
P.O. Box 18100
Hauppauge, NY 11788-8900

OR, you may fax it to: (631) 854-3331